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PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      **OR**       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	Knape & Vogt P86US
First Named Inventor	RUSSELL, Robert
<b>COMPLETE IF KNOWN</b>	
Application Number	10 / 646,404
Filing Date	8/22/2003
Group Art Unit	Not Assigned
Examiner Name	Not Assigned

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## STORAGE CONTAINERS AND ORGANIZERS FOR LAZY SUSANS

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **8.22.2003** as United States Application Number or PCT International

Application Number **10/16446,404** and was amended on (MM/DD/YYYY)  (if applicable).

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), 365(b) of any foreign application(s) for patent or inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority

is claimed.									
Prior Foreign Application Number(s)					Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
								YES	NO
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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## DECLARATION – Utility or Design Patent Application

Direct all correspondence to:  Customer Number \_\_\_\_\_  
or Bar Code Label \_\_\_\_\_

OR  Correspondence address below

Name Thomas L. Lockhart

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Address Bridgewater Place, P.O. Box 352

City Grand Rapids State MI ZIP 49501-0352

Country US Telephone (616) 336-6000 Fax (616) 336-7000

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Robert Family Name or Surname Russell

Inventor's Signature  Date 11/13/03

Residence: City Kentwood State MI Country USA Citizenship USA

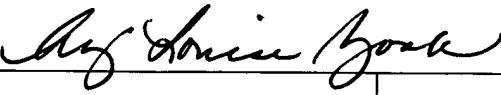
Mailing Address

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City Kentwood State Michigan ZIP 49508 Country USA

NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Amy Louise Family Name or Surname Zook

Inventor's Signature  Date 8.21.03

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Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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## DECLARATION – Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/>	OR	<input checked="" type="checkbox"/> Correspondence address below
<b>Name</b> Thomas L. Lockhart					
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<b>Country</b> US		<b>Telephone</b> (616) 336-6000	<b>Fax</b> (616) 336-7000		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF THIRD INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Robert		Family Name or Surname	Wolfson	
<b>Inventor's Signature</b>				Date 8/25/03
<b>Residence:</b> City Grand Rapids		State MI	Country USA	Citizenship USA
<b>Mailing Address</b>				
<b>Mailing Address</b> 2563 North Boro Court				
City Grand Rapids		State MI	ZIP 49525	Country USA
<b>NAME OF FOURTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
<b>Inventor's Signature</b>				Date
<b>Residence:</b> City		State	Country	Citizenship
<b>Mailing Address</b>				
<b>Mailing Address</b>				
City		State	ZIP	Country
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				